Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION **GRUPO GALLEGOS CORPORATION**

PLEASE PROVIDE ORIGINAL SUBMISSION DATE OF 7/18/19

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July 19, 2019

o:

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: GRUPO GALLEGOS CORPORATION

REF: W19000066262

PLEASE PROVIDE ORIGINAL SUBMISSION DATE OF 7/18/19

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Remove 'CORPORATION' from line #1. On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II FAX Aud. #: H19000217503 Letter Number: 819A00014710

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	RGOS	W WOOL OF ANY W WOOD OF A TRONG !!
	orporation; must include "TNCORPORATED orp," "inc," "Co," or "Corp,")	," -COMPANY," -CORPORATION,"
Grupo Gallego	e Cornoration	
	•	adopted for the purpose of transacting business in Florida)
CALIFORNIA	oje ja Protiga, enter aneriaste corporate sante	33-0980953
		·
(State or country AUGUST 2, 200	under the law of which it is incorporated)	(FEI number, if applicable) N/A
AUGUS1 2, 200	5	· ·
(Detc	of incorporation)	(Date of duration, if other than perpetual)
N/A		
		in Plorida, if prior to registration)
00 B - 'E - C	(SEE SECTIONS 607.1501 & 607. Highway, Suite 200, Huntington Beach, Cal	1502, F.S., to determine penalty liability)
JU Pacific Coast	Highway, Suite 200, Huitington Beach, Can	
	(D-*	:! - (C dd)
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Name:	(Current mail t address of Florida registered agent: (P Capitol Corporate Services, Inc. 515 E Park Avc Floor 2	ing address, if different) O. Box NOT acceptable)
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Name:	(Current mail t address of Florida registered agent: (P Capitol Corporate Services, Inc. 515 E Park Avc Floor 2	O. Box NOT acceptable)
Name: ice Address:	(Current mail t address of Florida registered agent: (P Capitol Corporate Services, Inc. 515 E Park Avc Floor 2 Tallahassee (City)	.O. Box NOT acceptable) .O. Box NOT acceptable) , Florida 32301
Name: ice Address: Registered age	(Current mail t address of Florida registered agent: (P Capitol Corporate Services, Inc. 515 E Park Avc Floor 2 Tallahassee (City)	.O. Box NOT acceptable) .O. Box NOT acceptable) , Florida 32301 (Zip code)
Name: ice Address: Registered ago ving been nam tenated in this	(Current mail t address of Florida registered agent: (P Capitol Corporate Services, Inc. 515 E Park Avc Floor 2 Tallahassee (City) ent's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoin	ing address, if different) O. Box NOT acceptable) , Florida 32301 (Zip code) vice of process for the above stated corporation at the tment as registered agent and agree to act in lifts cap
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the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
JOHN GALLEGOS			
Chairman: 300 Pacific Coast Highway, Suite 200, Huntington Beach, California 92648			_
Address:			-
	_		_
Vice Chairman:	<u> </u>		_
Address:			_
Address.			
Director:			_
Address:		, 	_
			_
Director:			
Address:			_
·			_
B. OFFICERS JOHN GALLEGOS and CHIBF EXECUTIVE OFFICER		~	
President:		=	_
Address:		نے	<u>-6</u>
	<u> </u>		C. editing
PALMA GALLEGOS Vice President:	<u> </u>	<u>8</u>	—:≈≅-्री }
300 Pacific Coast Highway, Suite 200, Huntington Beach, California 92648	(in -)	<u> </u>	الانتال
Address:	70.	=	N. Carrier
PALMA GALLEGOS		F	_
Secretary:			_
Address:			
Treasurer:	 -		_
Address:			_
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	/or directors.		
Signature of Director or Officer	a facta stated	Lhoroin	
The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department	nt of State co	nstitute	S
a third degree felony as provided for In s.817.155, F.S.			
13. JOHN GALLEGOS, CEO			_
(Typed or printed name and capacity of person signing application)			

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

GRUPO GALLEGOS

FILE NUMBER:
FORMATION DATE:

FORMATION DATE: TYPE:

JURISDICTION:

STATUS:

C2353599 08/02/2001

DOMESTIC CORPORATION

CALIFORNIA

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 17, 2019.

ALEX PADILLA Secretary of State

NP-25 (REV 02/2019)

CMH